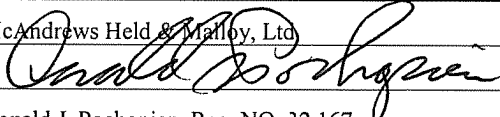
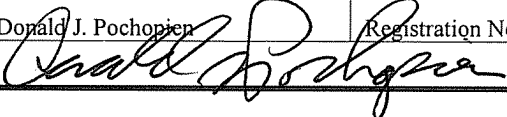


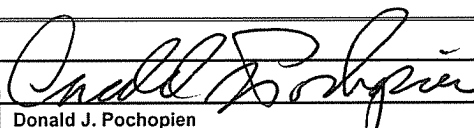
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number      09/782,594	
		Filing Date      February 12, 2001	
		First Named Inventor      Bianchi, John R., et al.	
		Art Unit      3738	
		Examiner Name      Paul B. Prebilic	
Total Number of Pages in This Submission      50		Attorney Docket Number      RTI 112R /1915-13980US02	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment And Response Under 37 CFR §1.111 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Remarks</div> <div style="width: 70%;"></div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm	McAndrews Held & Malloy, Ltd.
Signature	
Printed Name	Donald J. Pochopien, Reg. NO. 32,167
Date	August 25, 2006

CERTIFICATE OF ELECTRONIC FILING			
I hereby certify that this correspondence is being sent via electronic filing to Commissioner For Patents, Mail Stop Amendment, on August 25, 2006.			
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature		Date	August 25, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004</b> <b>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</b> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2006</h2>		<b>Complete if Known</b>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/782,594				
		Filing Date	February 12, 2001				
		First Named Inventor	Bianchi, John R., et al.				
		Examiner Name	Paul B. Prebilic				
		Art Unit	3738				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1020.00		Attorney Docket No.	RTI 112R /1915-13980US02				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
-20 or HP		x	=	<u>Fee</u> <u>Fee Paid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
-3 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
-100	/50	(round up to a whole number)		x	=		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>Petition for 3 month extension of time</u>							1020.00
<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien			Date	August 25, 2006		